

## BETA BLOCKERS PA SUMMARY

<b>PREFERRED</b>	Metoprolol Tartrate, Atenolol, Propranolol HCL, Nadolol, Timolol Maleate, Pindolol, Acebutolol HCL, Sotalol HCL, Labetalol HCL, Levatol, Innopran XL, Bisoprolol Fumarate, Betaxolol HCL, Coreg, Sotalol AF, All generic products.
<b>NON-PREFERRED</b>	Lopressor, Tenormin, Sectral, Zebeta, Trandate, Kerlone, Inderal, Toprol XL, Betapace, Inderal LA, Corgard, Betapace AF, All branded products with generics available.

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTE:** *All members who had received a non-preferred medication in this category, at the time this criteria was adopted, were grandfathered on that medication. The member must have had at least one claim for the requested non-preferred product within the last 12 months of claims history. Physicians discharging a member from an inpatient facility stable and responding to a non-preferred agent should request prior authorization as part of the patient's discharge planning.*

### PA CRITERIA:

- ❖ Physician should submit documentation of allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to the preferred products.

### EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Express Scripts at 1-877-650-9340**.

### PA and APPEAL PROCESS:

- ❖ For online access to the PA process please click [here](#).

### QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please select Pharmacy Services from the manuals listed [at this link](#).